



Lead Project Notification Form (LPF-3)

Louisiana Department of Environmental Quality

Permits, Registrations and Certifications Section

P.O. Box 4313, Baton Rouge, LA 70821-4313

Phone (225) 219-3031 Fax (225) 219-3154

LPN No. _____

AI No. _____

This form must be completed and postmarked 10 working days prior to start of project in order to comply with the notification requirements of LAC 33:III.2811. A notification of less than 10 working days constitutes an emergency notification.

1. **Type of Notification:** Initial ____ Amendment ____ Cancellation ____ Emergency ____

2. **Applicant Information:** (please print or type)

Company Name:		Company License No.	
Business Address:		Phone No. ()	
City:	State:	Zip Code:	
Project Supervisor:		Phone No. ()	
Accreditation No.	Issue Date:	Expiration Date:	

3. Single Family Dwelling:

Occupant Name:			
Property Address:			
City:	Parish:	State:	Zip Code:
Property Owner/Manager:		Phone No. ()	
Property Owner/Manager Address:			
City:	State:	Zip Code:	
Square footage/acreage to be abated:			

4. Multi-Family Dwelling or Child-occupied Facility (circle one):

Property Name:			
Property Address:			
City:	Parish:	State:	Zip Code:
Property Owner/Manager:		Phone No. ()	
Property Owner/Manager Address:			
City:	State:	Zip Code:	
No. of units to be abated:		Building name or number:	
Square footage/acreage to be abated:			

5. **Initial Notification:** **Start Date:** _____ **Completion Date:** _____

Please be advised that any lead containing waste that has a TCLP level greater than or equal to 5.0 milligrams of lead per liter, must be disposed of in a Hazardous Waste Landfill.

Revised 05/15/04

6. Abatement Methods:

Briefly Describe Abatement Methods:

7. Notification Changes: (complete only if notification is an amendment or cancellation)

Amended Start Date to:	Amended Completion Date to:	If amended, provide initial Notification No.
Change in square footage and/or acreage abated:		

8. Fees are paid to the Louisiana Department of Environmental Quality. Submit notification and appropriate fees (see chart below) to the address at the top of the form.

Category of Abatement	Regular Processing	Emergency Processing
Facility size: 2000 sq. ft. or less	\$200.00	\$300.00
Each additional 2000 sq. ft.	\$100.00	\$150.00
Soil abatement of 2 acre or less	\$200.00	\$300.00
Each additional 2 acre	\$100.00	\$150.00
Changes to Notifications	\$50.00	N/A

9. Certification:

I hereby certify that this notification is true and accurate. I am aware that in accordance with R.S. 30:2025.F.(2)(a), any person who willfully or knowingly makes any false statement, representation, or certification on any document filed or required to be maintained, shall upon conviction be punished by a fine of not more than twenty-five thousand dollars (\$25,000) or imprisonment for not more than one (1) year, or both.

Signature of Applicant _____

Date _____

DEQ Office Use Only

Reviewed By:	Date Received:
Amount Received:	Check/Money Order No.
Accepted ____ Rejected ____ Reason(s) for Rejection: Insufficient Funds ____ Unsigned application Incomplete Applicant Information ____ Incomplete Dwelling or Facility Information Other	